

	<p>Department of Consumer Affairs 401 S Street., Suite 101, Sacramento CA 95814 (916) 322-3400</p> <p><b>COMPLAINT FORM</b></p> <p>Please use a separate form for each complaint.</p>	
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PERSON FILING COMPLAINT (COMPLAINANT)	COMPLAINT FILED AGAINST (RESPONDENT): LICENSE/REG/NO
Address (Number) (Street)	Address (Number) (Street)
(City) (State) (Zip)	(City) (State) (Zip)
Phone where you can be reached (8am - 5pm)	Business phone number
Do you want to remain anonymous? <input type="checkbox"/> yes <input type="checkbox"/> no	Who did you deal with?

**Please Specify the Type of Complaint**

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> AUTOMOTIVE REPAIR                      | <input type="checkbox"/> BURGLAR ALARM COMPANY                       | <input type="checkbox"/> CEMETERY         | <input type="checkbox"/> REPOSSESSION AGENCY    |
| <input type="checkbox"/> ELECTRONIC AND/OR APPLIANCE REPAIR     | <input type="checkbox"/> FIREARMS/BATON TRAINING FACILITY/INSTRUCTOR | <input type="checkbox"/> FUNERAL          | <input type="checkbox"/> SECURITY GUARD/FIREARM |
| <input type="checkbox"/> HOME FURNISHINGS OR THERMAL INSULATION | <input type="checkbox"/> LOCKSMITH COMPANY                           | <input type="checkbox"/> PRIVATE SECURITY | <input type="checkbox"/> SMOG CHECK             |
|   | <input type="checkbox"/> PRIVATE INVESTIGATOR                        | <input type="checkbox"/> OTHER_____       |   |

PRODUCT/MODEL/YEAR OF VEHICLE/ITEM OF CONCERN	DATE OF REPAIR/SERVICE
BRIEFLY DESCRIBE YOUR COMPLAINT (BE SPECIFIC -- WHO, WHAT, WHEN, WHERE, HOW) (USE ADDITIONAL PAPER IF NEEDED)	
WHAT DO YOU WANT THE PERSON OR COMPANY TO DO, TO SATISFY YOUR COMPLAINT?	

*Read the following before signing below*

PLEASE ATTACH TO THIS FORM COPIES OF ANY PAPERS INVOLVED (CONTRACTS, BILLS RECEIVED, CORRESPONDENCE, INVOICES, ESTIMATES, ETC). PAPERWORK RECEIVED WILL NOT BE COPIED AND/OR RETURNED.

I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT TO THE BEST OF MY KNOWLEDGE ALL OF THE ABOVE STATEMENTS ARE CORRECT.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_